

2017
COUNTY OF SHASTA
MEDICAL/DENTAL/VISION PREMIUM RATES
SHERIFF'S ADMINISTRATIVE ASSOCIATION 07/01/16 thru 06/30/19 MOU

CALPERS MEDICAL

| PLAN COVERAGE | 2017 MONTHLY PREMIUM |
|----------------------------|----------------------|
| PERSCHOICE | |
| Single | \$ 820.38 |
| 2 Party | \$ 1,640.76 |
| Family | \$ 2,132.99 |
| PERS SELECT | |
| Single | \$ 727.45 |
| 2 Party | \$ 1,454.90 |
| Family | \$ 1,891.37 |
| PERS CARE | |
| Single | \$ 921.24 |
| 2 Party | \$ 1,842.48 |
| Family | \$ 2,395.22 |
| PORAC (Safety Only) | |
| Single | \$ 699.00 |
| 2 Party | \$ 1,467.00 |
| Family | \$ 1,876.00 |

REGULAR EMPLOYEE

| MONTHLY COUNTY PORTION | MONTHLY EMPLOYEE PORTION | PAY PERIOD EMPLOYEE PORTION |
|----------------------------|--------------------------|-----------------------------|
| PERSCHOICE | | |
| \$ 820.38 | \$ - | \$ - |
| \$ 1,066.49 | \$ 574.27 | \$ 287.13 |
| \$ 1,386.44 | \$ 746.55 | \$ 373.27 |
| PERS SELECT | | |
| \$ 727.45 | \$ - | \$ - |
| \$ 1,066.49 | \$ 388.41 | \$ 194.20 |
| \$ 1,386.44 | \$ 504.93 | \$ 252.46 |
| PERS CARE | | |
| \$ 820.38 | \$ 100.86 | \$ 50.43 |
| \$ 1,066.49 | \$ 775.99 | \$ 387.99 |
| \$ 1,386.44 | \$ 1,008.78 | \$ 504.39 |
| PORAC (Safety Only) | | |
| \$ 699.00 | \$ - | \$ - |
| \$ 1,066.49 | \$ 400.51 | \$ 200.25 |
| \$ 1,386.44 | \$ 489.56 | \$ 244.78 |

| COBRA MONTHLY PREMIUM |
|-----------------------|
| \$ 836.79 |
| \$ 1,673.58 |
| \$ 2,175.65 |
| \$ 742.00 |
| \$ 1,484.00 |
| \$ 1,929.20 |
| \$ 939.66 |
| \$ 1,879.33 |
| \$ 2,443.12 |
| \$ 712.98 |
| \$ 1,496.34 |
| \$ 1,913.52 |

| SA* PER PAY PERIOD PER SPOUSE PORTION |
|---------------------------------------|
| n/a |
| \$ - |
| \$ - |
| n/a |
| \$ - |
| \$ - |
| n/a |
| \$ 50.43 |
| \$ 47.10 |
| n/a |
| \$ - |
| \$ - |

* Spousal Accomodation - see MOU for details.

- CalPERS Medical - Dependent children may remain on your medical insurance until the age of 26.

DELTA DENTAL

| COVERAGE | MONTHLY PREMIUM |
|----------|-----------------|
| Single | \$ 39.70 |
| 2 Party | \$ 73.00 |
| Family | \$ 112.50 |

CONTRACTED THROUGH 12/31/17

| COUNTY PORTION | EMPLOYEE PORTION | EMPLOYEE PAY PERIOD |
|----------------|------------------|---------------------|
| \$ 29.54 | \$ 10.16 | \$ 5.08 |
| \$ 48.17 | \$ 24.83 | \$ 12.42 |
| \$ 63.81 | \$ 48.69 | \$ 24.35 |

| COBRA PREMIUM |
|---------------|
| \$ 40.49 |
| \$ 74.46 |
| \$ 114.75 |

- New regular employees that choose to enroll in dental are required to pay the full premium for the first 6 months of employment.
- If an employee does not enroll at hire, they may only enroll during open enrollment or as a result of a qualifying event. At that time, if they have not yet worked 6 months they will be required to pay the full premium for the remaining months until they have worked 6 months.
- Delta Dental - Unmarried dependent children over the age of 19 may remain on your dental insurance until their 23rd birthday if they are enrolled full-time in an accredited school, college or university.
- If you drop coverage for your dependents from your dental plan you may only re-enroll them with proof of losing other coverage.

VSP VISION**

| COVERAGE | MONTHLY PREMIUM |
|----------|-----------------|
| Single | \$ 11.57 |
| Family | \$ 21.85 |

EFFECTIVE 1/01/15-12/31/17

| COUNTY PORTION | EMPLOYEE PORTION | EMPLOYEE PAY PERIOD |
|----------------|------------------|---------------------|
| \$ 11.57 | \$ - | \$ - |
| \$ 11.57 | \$ 10.28 | \$ 5.14 |

| COBRA RATE MONTHLY |
|--------------------|
| \$ 11.80 |
| \$ 22.29 |

**Never refunded after cancellation

- VSP Vision - A child may be insured "who is chiefly dependent upon the Enrollee for support, has not yet attained the age of 23 years, and is currently enrolled as a full-time student in good standing actively pursuing a degree or certificate at a recognized educational institution."